



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION V	SITE NUMBER (to be assigned by HQ) 5E0301 A9103
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NOTE This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW Washington DC 20460

I SITE IDENTIFICATION

A SITE NAME Manhattan Street Dump		B STREET (or other identifier) Manhattan and Hoffman Road	
C CITY Toledo	D STATE Ohio	E ZIP CODE	F COUNTY NAME Lucas
G OWNER/OPERATOR (if known) 1 NAME		2 TELEPHONE NUMBER	
H TYPE OF OWNERSHIP <input type="checkbox"/> 1 FEDERAL <input type="checkbox"/> 2 STATE <input type="checkbox"/> 3 COUNTY <input checked="" type="checkbox"/> 4 MUNICIPAL <input type="checkbox"/> 5 PRIVATE <input type="checkbox"/> 6 UNKNOWN			
I SITE DESCRIPTION Old city landfill			
J HOW IDENTIFIED (i.e. citizen's complaints, OSHA citations, etc.) Hotline Call			K DATE IDENTIFIED (mo day & yr) 11/25/80
L PRINCIPAL STATE CONTACT 1 NAME Don Day		2 TELEPHONE NUMBER 8/942-8934	

II PRELIMINARY ASSESSMENT (complete this section last)

A APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1 HIGH <input type="checkbox"/> 2 MEDIUM <input type="checkbox"/> 3 LOW <input type="checkbox"/> 4 NONE <input checked="" type="checkbox"/> 5 UNKNOWN	
B RECOMMENDATION <input type="checkbox"/> 1 NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2 IMMEDIATE SITE INSPECTION NEEDED a TENTATIVELY SCHEDULED FOR b WILL BE PERFORMED BY <input type="checkbox"/> 3 SITE INSPECTION NEEDED a TENTATIVELY SCHEDULED FOR b WILL BE PERFORMED BY <input checked="" type="checkbox"/> 4 SITE INSPECTION NEEDED (low priority)	

C PREPARER INFORMATION 1 NAME Mike Mott	2 TELEPHONE NUMBER 312-886-6706	3 DATE (mo day & yr) 11/25/80
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III SITE INFORMATION

A SITE STATUS <input type="checkbox"/> 1 ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently) <input checked="" type="checkbox"/> 2 INACTIVE (Those sites which no longer receive wastes) Still receives some demolition debris <input type="checkbox"/> 3 OTHER (specify) (Those sites that include such incidents like midnight dumping where no regular or continuing use of the site for waste disposal has occurred)	
B IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES (specify generator's four-digit SIC Code)	
C AREA OF SITE (in acres) Unk	D IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1 LATITUDE (deg -min -sec) 2 LONGITUDE (deg -min -sec)
E ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES (specify)	



IV CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes

<input checked="" type="checkbox"/> X	A TRANSPORTER	<input checked="" type="checkbox"/> X	B STORER	<input checked="" type="checkbox"/> X	C TREATER	<input checked="" type="checkbox"/> X	D DISPOSER
	1 RAIL		1 PILE		1 FILTRATION		1 LANDFILL
	2 SHIP		2 SURFACE IMPOUNDMENT		2 INCINERATION		2 LANDFARM
	3 BARGE		3 DRUMS		3 VOLUME REDUCTION		3 OPEN DUMP
	4 TRUCK		4 TANK ABOVE GROUND		4 RECYCLING/RECOVERY		4 SURFACE IMPOUNDMENT
	5 PIPELINE		5 TANK BELOW GROUND		5 CHEM / PHYS TREATMENT		5 MIDNIGHT DUMPING
	6 OTHER (specify)		6 OTHER (specify)		6 BIOLOGICAL TREATMENT		6 INCINERATION
					7 WASTE OIL REPROCESSING		7 UNDERGROUND INJECTION
					8 SOLVENT RECOVERY		8 OTHER (specify)
					9 OTHER (specify)		

E SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V WASTE RELATED INFORMATION

A WASTE TYPE

☐ 1 UNKNOWN ☐ 2 LIQUID ☐ 3 SOLID ☐ 4 SLUDGE ☐ 5 GAS

B WASTE CHARACTERISTICS

☐ 1 UNKNOWN ☐ 2 CORROSIVE ☐ 3 IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE
☐ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE
☐ 10 OTHER (specify) _____

C WASTE CATEGORIES

1 Are records of wastes available? Specify items such as manifests inventories etc below

2 Estimate the amount(specify unit of measure) of waste by category mark 'X' to indicate which wastes are present

a SLUDGE		b OIL		c SOLVENTS		d CHEMICALS		e SOLIDS		f OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> X	(1) PAINT PIGMENTS	<input checked="" type="checkbox"/> X	(1) OILY WASTES	<input checked="" type="checkbox"/> X	(1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> X	(1) ACIDS	<input checked="" type="checkbox"/> X	(1) FLYASH	<input checked="" type="checkbox"/> X	(1) LABORATORY PHARMACEUT
	(2) METALS SLUDGES		(2) OTHER(specify)		(2) NON HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL
	(3) POTW				(3) OTHER(specify)		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG WASTES		(4) MUNICIPAL
	(5) OTHER(specify)						(5) DYES/INKS		(5) NON FERROUS SMLTG WASTES		(5) OTHER(specify)
							(6) CYANIDE		(6) OTHER(specify)		
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER(specify)				

V WASTE RELATED INFORMATION (continued)

3 LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard)

4 ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE

History of fires on site may have been due to chemicals

VI HAZARD DESCRIPTION

A TYPE OF HAZARD	B POTENTIAL HAZARD (mark X)	C ALLEGED INCIDENT (mark X)	D DATE OF INCIDENT (mo day yr)	E REMARKS
1 NO HAZARD				
2 HUMAN HEALTH				
3 NON WORKER INJURY/EXPOSURE				
4 WORKER INJURY				
5 CONTAMINATION OF WATER SUPPLY				
6 CONTAMINATION OF FOOD CHAIN				
7 CONTAMINATION OF GROUND WATER	X			
8 CONTAMINATION OF SURFACE WATER				
9 DAMAGE TO FLORA/FAUNA				
10 FISH KILL				
11 CONTAMINATION OF AIR				
12 NOTICEABLE ODORS				
13 CONTAMINATION OF SOIL				
14 PROPERTY DAMAGE				
15 FIRE OR EXPLOSION	X			
16 SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17 SEWER STORM DRAIN PROBLEMS				
18 EROSION PROBLEMS				
19 INADEQUATE SECURITY				
20 INCOMPATIBLE WASTES				
21 MIDNIGHT DUMPING				
22 OTHER (specify)				

VII PERMIT INFORMATION

A INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE

- ☐ 1 NPDES PERMIT ☐ 2 SPCC PLAN ☐ 3 STATE PERMIT (specify) _____
☐ 4 AIR PERMITS ☐ 5 LOCAL PERMIT ☐ 6 RCRA TRANSPORTER
☐ 7 RCRA STORER ☐ 8 RCRA TREATER ☐ 9 RCRA DISPOSER
☐ 10 OTHER (specify) _____

Unknown

B IN COMPLIANCE?

- ☐ 1 YES ☐ 2 NO ☐ 3 UNKNOWN

4 WITH RESPECT TO (list regulation name & number) _____

VIII PAST REGULATORY ACTIONS

- ☒ A NONE ☐ B YES (summarize below)

IX INSPECTION ACTIVITY (past or on-going)

- ☒ A NONE ☐ B YES (complete items 1 2 3 & 4 below)

1 TYPE OF ACTIVITY	2 DATE OF PAST ACTION (mo day & yr)	3 PERFORMED BY (EPA/State)	4 DESCRIPTION

X REMEDIAL ACTIVITY (past or on-going)

- ☒ A NONE ☐ B YES (complete items 1 2 3 & 4 below)

1 TYPE OF ACTIVITY	2 DATE OF PAST ACTION (mo day & yr)	3 PERFORMED BY (EPA/State)	4 DESCRIPTION

NOTE Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form